

## CASIF—SHORT FORM—INTERIM CAS TESTS

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Client: \_\_\_\_\_ Date: \_\_\_\_\_

**Use this form for Interim tests of Natural Draft Appliances affected by unfinished Duct or Shell Sealing.**

Legend: Y = Yes, N = No, NA = Not Applicable, U = Unverifiable, NF = Not Feasible • Record Gas Leaks & Defects on Comments lines.

Heater Type: FAU = Forced Air Unit, WF = Wall Furnace, FF = Floor Furnace, DV = Direct Vent, FS = Free-Standing

Signature required Below. • Attach to Short Form CASIF • Item numbering is coordinated with the Full-Length CASIF.

<b>(G) GAS HOME HEATING SYSTEM</b> <input type="checkbox"/> NA	Unit #1	Unit #2 <input type="checkbox"/> NA
Type and Location:		
<b>G-20</b> <u>Open Door Tests</u> —CO & Draft: <input type="checkbox"/> NA <input type="checkbox"/> Appliance Ambient CO—Flue Gas CO is NF <input type="checkbox"/> Doing "Smoke Test" for Draft • Spillage Check:	Outdoor temperature: _____ °F CO: _____, _____, _____, _____ ppm Draft: —_____ iwc/Pa P F NA Spillage present? Y N NA	Outdoor temperature: _____ °F CO: _____, _____, _____, _____ ppm Draft: —_____ iwc/Pa P F NA Spillage present? Y N NA
<b>G-21</b> <u>Closed Door Tests</u> —CO & Draft: <input type="checkbox"/> NA <input type="checkbox"/> Appliance Ambient CO—Flue Gas CO is NF <input type="checkbox"/> Doing "Smoke Test" for Draft • Spillage Check:	CO: _____, _____, _____, _____ ppm Draft: —_____ iwc/Pa P F NA Spillage present? Y N NA	CO: _____, _____, _____, _____ ppm Draft: —_____ iwc/Pa P F NA Spillage present? Y N NA

<b>(I) GAS WATER HEATER</b> <input type="checkbox"/> NA	Unit #1	Unit #2 <input type="checkbox"/> NA
Type and Location:		
<b>I-15</b> <u>Open Door Tests</u> —CO & Draft: <input type="checkbox"/> NA <input type="checkbox"/> Appliance Ambient CO—Flue Gas CO is NF <input type="checkbox"/> Doing "Smoke Test" for Draft • Spillage Check:	Outdoor temperature: _____ °F Highest CO: _____ ppm Draft: —_____ iwc/Pa P F NA Spillage present? Y N NA	Outdoor temperature: _____ °F Highest CO: _____ ppm Draft: —_____ iwc/Pa P F NA Spillage present? Y N NA
<b>I-16</b> <u>Closed Door Tests</u> —CO & Draft: <input type="checkbox"/> NA <input type="checkbox"/> Appliance Ambient CO—Flue Gas CO is NF <input type="checkbox"/> Doing "Smoke Test" for Draft • Spillage Check:	Highest CO: _____ ppm Draft: —_____ iwc/Pa P F NA Spillage present? Y N NA	Highest CO: _____ ppm Draft: —_____ iwc/Pa P F NA Spillage present? Y N NA

**Comments:** \_\_\_\_\_

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Technician Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_